The Israeli People`s Committee
Report of Adverse Events Related to the Corona Vaccine, May 2021:
Never has a vaccine injured so many

We hereby clarify that The Israeli People`s Committee is an independent organization relying on publicly available information from official publications, social networks and especially from many reports coming directly from individuals to our website. The information has been checked by members of the committee to avoid false, refuted, and erroneous data. However, the report should not be relied upon for medical or other purposes, and it certainly does not contain any medical recommendation. Anyone who considers it as such, does so of his own accord.

We have chosen to open this important report with a summary, immediately followed by the report itself.

While the Prime Minister of Israel and senior officials of the Israeli ministry of health brag that Israel serves as a global model for nationwide vaccination, and while they boast that Pfizer has chosen us to be the experimental country thanks to the advanced technological systems of our HMOs [Health Maintenance Organizations], the state has systematically shut down all monitoring and tracking systems, which are designed to identify and alert of adverse events that occur in proximity of receiving the corona vaccine. This irresponsible conduct by the Israeli ministry of health during a mass operation providing an experimental treatment to millions of people, regardless of whether such conduct is negligent or intentional, has led to an unprecedented flood of thousands of reports about serious adverse events after vaccination on social media, which seems to be the only forum that still allows people to share their experiences. Surprisingly, such widespread phenomenon has not received any media coverage or attention from public officials.

The silencing mechanisms of the Israeli health system regarding the adverse events related to the corona vaccine, and the denial of their severity and worrisome scope, combined with the fact that the mainstream media in Israel have ignored adverse events and avoided reporting them, have created a situation whereby the Israeli public is almost completely unaware of the existence, nature and prevalence of the post-vaccination adverse events. This vagueness that exists among the Israeli public with respect to the vaccine-related adverse events prevents citizens from receiving all the information they need to make a balanced and responsible decision about the vaccination. Moreover, it raises the

concern that the lack of contraindications for susceptible populations to the vaccine has unnecessarily harmed the citizens to the point of needless mortality.

The healthcare system`s failure to monitor the vaccine`s adverse events and issue alerts, coupled with the media`s disclaiming its roles as an important mechanism for inspecting and criticizing the authorities` conduct and as a pivotal platform for exposing the hard truth, have led to the abandonment of the health of the citizens of the country. In the vacuum that has ensued we, as an independent investigation committee comprising of concerned citizens, have been left with no choice other than using all means, albeit limited, at our disposal to research and expose the truth regarding the corona vaccine's adverse events. From our inquiry a disturbing image has emerged of the high rate of serious adverse events, observed in proximity to receiving the vaccine, even among young people. Many adverse events are life-threatening, and regretfully more than a few ended in death.

The incomprehensible gap between the existing reality and the information published by the Israeli ministry of health and by the Israeli media raises concern of a dangerous deception not only of Israeli citizens but of citizens of the entire world, who view Israel as the research laboratory of Pfizer's corona vaccine. Such a deception, whether negligent or premeditated, could create additional cycles of harm to humans around the globe.

In this report we wish to say to the Israeli government and governments throughout the world: a lack of transparency kills people. Deception and concealment lead people to disability and loss of life. Remove all confidentiality, create transparent and controlled reporting mechanisms; only then can lives be saved and further damage avoided from the very tool that is supposed to preserve health. Is this a case where the drug is more deadly than the disease? Or is it equally or less deadly? We can only come to a true conclusion if comprehensive data is revealed in real time and if the press, which is supposed to be free and a watchdog of democracy, will remain on guard and raise the alarm when necessary. And it is indeed very necessary.

And before we delve into the depth of things, here are our main findings:

- ✓ We received 330 reports of deaths occurring in proximity after the vaccination (90% up to 10 days after the vaccination). 64% are men. According to the ministry of health's statement: only 45 deaths occurred in proximity after the vaccination.

- ✓ According to data from the Central Bureau of Statistics (CBS), during January-March 2021, in the midst of the vaccination operation, there was a 18% increase in overall mortality in Israel compared to the tri-monthly average mortality in the previous year. In fact, the period of January-March 2021 is the deadliest one in the last decade, with the highest overall mortality rates, when compared to the corresponding months over the last 10 years.

- ✓ Among the age group of 20-29, the increase in overall mortality rate is even more dramatic. In this group, during the same vaccination period, January-March 2021, there has been a 30% increase in overall mortality compared to the tri-monthly average mortality in 2020.

- ✓ A statistical analysis of data from the CBS combined with information from the ministry of health leads to the conclusion that the mortality rate amongst the vaccinated is estimated at 1:3000 (1:18000 for ages 20-49, 1:5000 for ages 50-69, 1:1100 for ages 70+). According to this assessment, it is possible to estimate that the number of deaths in Israel, which have occurred in proximity after the vaccination, currently stands at about 1600-1700 people.

- ✓ There is a high correlation between the number of people vaccinated per day and the number of deaths per day, in the range of up to 10 days post vaccination, in all age groups. For ages 20-49 – a range of 8 days from the date of vaccination to death; for ages 50-69 – 5 days from the date of vaccination to death; for ages 70 and up – 3 days from the date of vaccination to death.

- ✓ The risk of death after the second vaccination is higher than the risk of death after the first vaccination.

- ✓ Up until the publication date of this report, a total of 2646 reports of adverse events have been recorded by The Israeli People`s Committee, and the reports continue to flow in. These reports indicate damage to almost every system in the human body. They also highlight the incomprehensible gap between official Israeli media reports and what is really happening, enabling a "two worlds" situation due to journalistic failure to sense, identify and report on what is actually happening in citizens` real-life.

- ✓ The accumulated post-vaccination adverse events in our database is the outcome of our work with very limited resources and despite many kinds of government's pressures aimed at concealing this critical information from the public eye. Therefore, we believe that our database of vaccine-related adverse events reflects a very small fraction of the real picture, which is about 1% of the actual number of cases according to our assessment.

- ✓ This assessment is added to the fact that around 250000 people did not show up to get the second dose of vaccine, despite all massive social and occupational pressure of the green passport. We believe that the majority of them decided so due to experiencing adverse effects following the first vaccine dose.

- ✓ There are close similarities in the reports of adverse events from countries with relatively high vaccination rates, with hundreds of death reports, as well as reports of damage to many human body systems.

- ✓ In our analysis, we have found a relatively high rate of cardiac-related injuries. 25% of all cardiac events occurred in young people below the age of 40, the most common diagnosis in these cases being myocarditis or pericarditis.

- ✓ Additionally, a high prevalence of massive vaginal bleeding, neurological, skeletal and skin damages have been observed.

- ✓ It should be noted that a significant number of adverse events reported are related, directly or indirectly, to coagulopathy (myocardial infarction, stroke, miscarriages, disruption of blood flow to the limbs, pulmonary embolism).

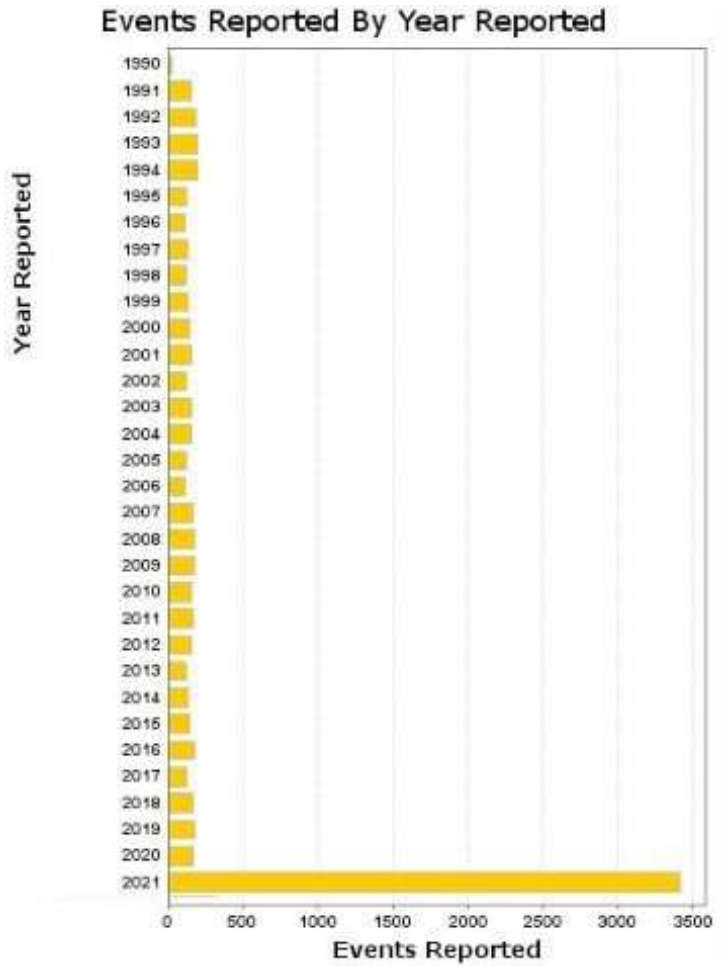
- ✓ The reporting of adverse events from hospitals and HMO clinics has been very low, and there is a tendency for a diagnostic bias that excludes the possibility of a link between the adverse events and the vaccination. There are probably many thousands of unreported cases. We get growing numbers of reports about this phenomenon from medical staff within hospitals. The general impression is that hospitals seem to be dealing with a chaos and confusion regarding the way to handle growing numbers of vaccine injured patients while at the same time to keep them out of records. Many doctors in emergency rooms nowadays begin their anamnestic inquiry by the question: "When were you vaccinated?" yet write nothing about it in discharge letters.

- ✓ The general policy regarding adverse effects seems to be "over-protective" of the idea of continuing the vaccinations at all costs. In this atmosphere, and in stark contrast to the accepted medical codes according to which mortality and morbidity caused after any medical treatment should be attributed to the treatment itself unless proven otherwise, most Israeli doctors avoid raising reasonable medical suspicions about the potential contribution of the vaccine to new adverse effects. Instead, doctors, hospitals and media all talk in one voice that says: "It has nothing to do with the vaccine, until you prove it completely". This is, of course, just a smoke screen aimed at preventing the truth, which ruins the essential foundations of differential diagnosis and brainstorming based medicine, and whose consequence is a breakdown of normal and scientific medicine.

- ✓ In light of the extent and severity of post-vaccination adverse events we are witnessing, we would like to express the committee's definite position that vaccinating children is both dangerous and lacking any medical basis. It may lead to adverse events, similar to those observed in adults (including young adults from age of 16), which could result in the death of completely healthy children. The committee believes that the intention to vaccinate children, while putting in danger their lives, their health, and their future development, has no medical justification since the coronavirus does not endanger children at all.

- ✓ According to US VAERS system 7 deaths in ages 0-17 were reported in relation to Covid 19 vaccination during 2021, 6 of them of Pfizer Biontec. We hope that the radical idea of vaccinating children against the coronavirus will soon be taken off the table; and if not, that it will be completely rejected by most of the parents around the world.

- ✓ Never has a vaccine injured so many! The American VAERS system reveals 3409 reports of mortality amongst vaccinated people in the United States in the first 4 months of 2021. This datum reflects a rise of thousands of percent from the annual average, which stood at 108 reports of post-vaccination mortality per year, whilst the difference in vaccination rate (in comparison to influenza vaccination) is less than 40%. In other words, more post-vaccination deaths have been recorded in the VAERS system during a single vaccination campaign than from all other vaccines combined over the preceding three decades. See the chart below.



- ✓ In light of all the above and the detailed information ahead and for the sake of the good, reliable and advanced medicine, for all people and from the pure intention, we would like to hereby declare the statement that all branches of medicine should agree about:

  "Once you apply new medication of all sorts to mass people and have insufficient knowledge about its true safety, all adverse effects that follow must be regarded as **related** to this medication until proven otherwise. This is the only way to obtain the true information, to ensure maximal safety surveillance and to make sure that non-medical motives will have no influence on the process of evaluating and learning the true nature of this medication and its influence on people."

PROLOGUE

Of all the injustices that have been inflicted upon the Israeli citizens during the corona vaccine campaign in Israel, which have been widespread in all areas of life, as we described in detail in our interim conclusions report, particularly prominent and deserving of our attention is the health injustice caused by the malfunctioning and neglectful conduct in regard to the monitoring and reporting of adverse events from the Pfizer vaccine. Unfortunately, it seems that in Israel there is an almost complete concealment of the adverse events associated with Pfizer's corona vaccine product, which appears to be tendentious and has led to a deception of Israel's citizens, exposing them to significant health risks and even unnecessary mortality. This practice of concealment is orchestrated by the ministry of health, with vast cooperation (voluntary or submissive) of the entire health system, and under the auspices of mainstream media.

In order to dispel the smoke screen which Israeli citizens find themselves facing, and in the hope of balancing the distorted situation presented to them by the establishment and the media, we have chosen to focus this report on the adverse events associated with Pfizer's corona vaccine product and to broaden the exposure of the testimonies at hand. As part of the report, we will draw a picture of the current situation, based on thousands of reports and testimonies, some of which are still being verified and processed, which have been passed on to us from the corona vaccine injured, doctors and medical staff. We will additionally provide a complementary statistical analysis of data from publicly available information sources in Israel and around the world, which supports and reinforces the indications that arise from our database of reported corona vaccine adverse events. As with the midterm conclusions report, the current report is not only intended for Israeli citizens but will be distributed in several languages around the world. This is because of our fear of a potential blatant bias in the results of the research currently underway in Israel on Pfizer's corona vaccine, which when published, could provide the entire world a shaky and misleading information base regarding vaccine safety.

The report consists of four chapters. The first chapter provides background information and describes our work methodology. The two subsequent chapters reveal mortality and morbidity data observed in Israel in close proximity to receiving the vaccine, where Chapter 2 focuses on analyzing mortality data, and Chapter 3 deals with a wide range of other adverse events associated with the vaccine. We collected the data presented in chapters 2 and 3 from the public and from other sources of information, through the limited means at our disposal, in view of the negligence of the health system and the failures of all the major mainstream media, which in a properly functioning country have a role and duty to collect data and report it to the public. In chapter 4 we will explain how such a bleak situation, as described in Chapters 2 and 3, has been hidden from the Israeli public. The chapter describes how Israel's health system systematically paralyzes and shuts down all monitoring and alter systems that can detect adverse events, occurring in close proximity to receiving the vaccine, and warn about them, and how all the mainstream media channels in Israel aid and support these dangerous acts of silence and concealment.

CHAPTER 1 - BACKGROUND AND WORK METHODOLOGY

IN SHORT: In the absence of an orderly, transparent and professional activity of collecting data from the citizens and publicly reporting it in real time, without filters or bias, the Israeli People's Committee enlisted to address to the complex task of contacting the public and collecting data on corona vaccine adverse events, all the while ensuring the validity and reliability of the data and cataloguing it in the most professional manner available to us. In so doing, the Israeli People's Committee has become the main body in Israel to undertake the investigation, documentation and reporting of adverse events related to the corona vaccine, where those supposedly responsible for this task have renounced their duty or have failed it completely.

The campaign to vaccinate the population of Israel against the corona virus using the corona vaccine product made by Pfizer began in December 2020. The campaign was accompanied by aggressive propaganda, during which it was claimed that the vaccine had received FDA approval, and had passed all the organization's stringent safety tests, although in practice the vaccine had only been given a temporary emergency use authorization and is defined by the FDA as an "Investigational New Drug" (IND)[1]. The operation progressed at a dizzying pace, and by March 10, 2021 more than 5 million people, out of a population of about 10 million in Israel, had been vaccinated with the first dose, according to the National Security Council. Contrary to the FDA guidelines, which defined contraindications to the vaccine's administration[2], in Israel, apart from life-threatening events arising from a previous allergy to a vaccine or its components, no contraindications were defined. Also, unlike other countries (see for example, US[3] and Italy[4]), the vaccine has been administered without the signing of an informed consent form and without informing those being vaccinated of possible adverse events after the vaccine. This happened even amongst pregnant women – a fact that Prof. Eran Dolev from the Vaccine Prioritization Committee[5] warned about, and for which he resigned from the committee[6]. Throughout the

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[1] FDA. (2020). Pfizer-BioNTech COVID-19 Vaccine. Letter of Authorization.
https://www.fda.gov/media/144412/download

[2] INTERIM CLINICAL CONSIDERATIONS FOR USE OF COVID-19 VACCINES CURRENTLY AUTHORIZED IN THE US.
https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

[3] FACT SHEET FOR RECIPIENTS AND CAREGIVERS.
https://labeling.pfizer.com/ShowLabeling.aspx?id=14472

[4] VACCINAZIONE ANTI-COVID19 MODULO DI CONSENSO.
https://cdn.onb.it/2020/12/all-1-Consenso.pdf?fbclid=IwAR0zof_futBbMOMCBIqltogPGXGVILVNekq_yfb4vKLwd6HDHwyXKqgqwY4

[5] Advisory team to the Corona Committee. The Ministry of Health, January 22, 2021
https://www.gov.il/BlobFolder/reports/vaccine-priorities-board/he/files_publications_corona_vaccine-priorities-board-21012021.pdf?fbclid=IwAR0GSAnDK5ib1XceTPSDEN5ZYuKqy0W7wYMj9DedLab4rbvb0N6_ZfVH5yo

6 The Public Emergency Council for the Covid19 Crisis , March 18, 2021
https://www.facebook.com/machatzlakorona/posts/142663231094153?__cft__[0]=AZUWjwmpNns268AlKEHzkOzGJul9r95jIvKwqHPyjtXTwxV1xUpt4MLsxT7bOYpicl3KE6v32avZcVqKDHs5ULD1wRu3idpW8V_0n4DtwbY-09yB0ZYcn75TvH_7LFCdQVXms8cwF52BHqUVrfzDzRrGm_th9SFZGAGqRbe7HnqXnQ&__tn__=%2CO%2CP-R

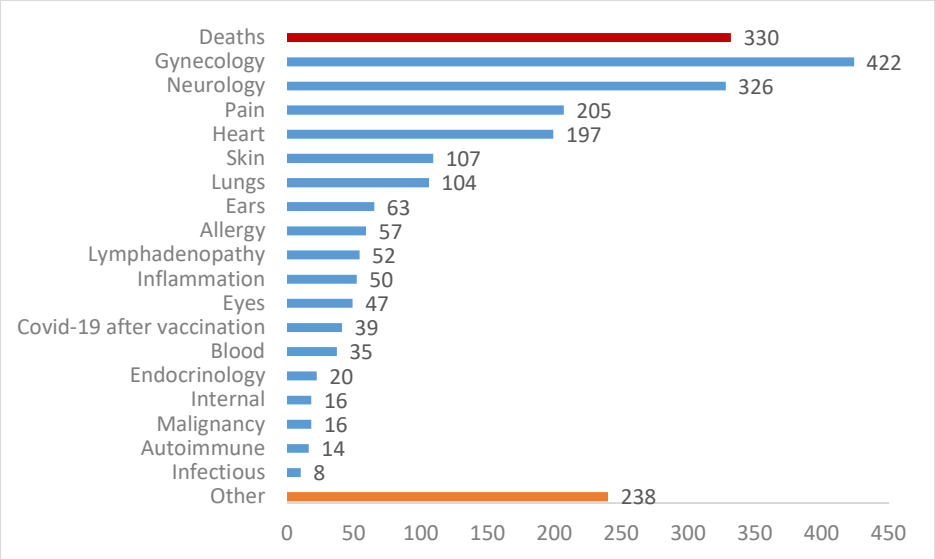
vaccination campaign, the ministry of health has scarcely reported vaccine-related adverse events, and such reports have barely been published in the media. By stark contrast, social media networks have been flooded with reports of adverse events that many citizens experienced shortly after vaccination.

Given the huge gap between the very small number of corona vaccine adverse events reported by the ministry of health or reported in mainstream media and the enormous amount of reports on social media of adverse events that people experienced shortly after the vaccine, as well as hundreds of inquiries on this issue addressed directly to the committee, the committee`s professional team has started collecting, recording and analyzing the data reported by the public. We collected the data regarding adverse events by reaching out to the public via social media networks (mainly Facebook) requesting that reports be sent to a designated committee email address, as well as by searching for reports of adverse events published on social media networks and in the media. The accumulated reports were verified, processed and filtered, with the aim of creating a reliable database, free of duplicates or of vague or ambiguous data. Our professional team checks the reliability of the reports sent to us and categorizes them by talking to the affected people or the medical staff treating them and by examining medical documents, hospital discharge letters and photographs of injuries. We also check the reliability of the reports we collect from social networks, where we contact the person who reported an incident and conduct an inquiry if possible, and anyway we only include such a report in our records if the person's name is identified with a genuine profile, a photo, a history of online activity and interactions with other people. Our professional team compares the identifying details that appear in the various reports in order to avoid duplicate documentation of events reported by a number of sources. We also conduct cross-sectional filtering processes of the severity of reported adverse events, during which we screen the reports for minor adverse events and exclude them from our database. Obviously, this way of gathering adverse events information does not allow an accurate quantitative analysis of their prevalence among the vaccinated but can give an indication of unusually common and recurring adverse events, which require careful examination of their association with the vaccine.

So far, we have collected 2646 reports of unusual health events that occurred shortly after the vaccine, of which 2346 have already been checked and processed, and are therefore included in our database, while about 300 more reports are still being checked and processed before being added to our database. Of the reports currently included in our database, 330 are reports of events that sadly ended in death. We emphasize that our database only partially depicts the real situation, due to severe under-reporting, either because the general public was not given instructions on how to submit reports, and in practice there is no proper transparent reporting system, or because the public mindset undermines the legitimacy of attributing abnormal health events to the corona vaccine, and also because of the time constraints of the professional staff of the committee who is required to handle tremendous amounts of reports with proper diligence. We estimate that the under-reporting is particularly significant among the older population, for whom social networks are inaccessible. Our professional team is still working on analyzing the flow of reports of abnormal health events observed shortly after vaccination, and we have a large number of reports that are in the process of being checked and

verified, and thus have not yet been included in our database. Diagram 1 displays an overview of the frequency distribution of reports sorted into the main categories.

Diagram 1 – distribution of reports brought to our attention and included in our database



The findings of our inquiry are presented in Chapters 2 and 3. In Chapter 2 we will focus on the deaths reported in close proximity to the vaccine, while in Chapter 3 we will address the wide range of other adverse events observed shortly after the vaccine, with emphasis on the most severe and common among them. In both chapters, we will also present statistical analyses of data from publicly available information sources in Israel and around the world, which support and complete the data collected in our database.

CHAPTER 2 – ON THE VACCINE-RELATED EXCESS MORTALITY

IN SHORT: There has never been a vaccine that has injured so many people! In our database we have so far collected 330 reports of deaths that occurred shortly after the corona vaccine and were largely caused by heart problems. These significantly under-reported cases could offer a possible explanation for the sharp and abnormal increase in overall mortality in Israel in January-March 2021, at a time when most of the corona vaccinations in Israel were administered, and which has proven to be the most lethal in the last decade in terms of overall mortality rates. Our statistical analysis indicates a statistically significant relationship between the excess mortality in these months and the corona vaccines.

As mentioned, 330 reports of deaths that occurred shortly after the corona vaccine, within a period of up to about three weeks post vaccination, were so far accumulated in our database. Most deaths occurred within a shorter period of up to 10 days from the date of vaccination. As an illustration, and in order to get a sense of the nature of the reported cases, we will present below some examples from the many reports that were sent to us.

Here is the first example: "My 33 year-old brother-in-law died 6 days after the first vaccination. He did not wake up in the morning. He complained of back, side and leg pain the day before. An autopsy was performed, but they were told that the results will be obtained in six months time".

And here is another example: "My son-in-law, Itzik, 40 year-old, completely healthy, died 3 days after the second vaccination".

And another: "Three days after the vaccination, my sister-in-law, Sarah, 25 year-old, is in coma. She has never been in hospital since the day she was born".

And here's another example of many different types, this time it is a quote from a death certificate: "A 49 year-old foreign worker, a caregiver, usually healthy without medication, was sometimes treated with Fusid for foot edema. Two days before hospitalization, she received a second dose of the Covid-19 vaccine, which was followed by general weakness. Complaints were of dizziness and decreased sensation in the right hand, vomiting and subsequent loss of consciousness".

Some of the reports even claimed that representatives of the ministry of health had asked the family not to tell or publish the case. For example: "I lost two childhood friends (46) after the vaccination. One who initially received Bell`s Palsy and then cardiac arrest and the other only cardiac arrest. A representative of the ministry of health came to one of the grieving families and asked them not to tell or report the case".

All of these are just a few examples from the huge amount of reports we have received. We will now move on to the analysis and mapping of all the reports of death events that have been brought to our attention and included in our database. Table 2 shown below maps the reports we collected on death events shortly after vaccination according to the parameters of age, gender, and cause of death. As can be seen in the table, 55% of the 330 deaths following vaccination in our database occurred suddenly after the vaccine, 28% of the reports explicitly stated that the cause of death was cardiac arrest or heart attack in proximity after vaccination, while the rest of the cases occurred as a result of other causes, including strokes, corona disease after vaccination, multi-system failure, blood clots, blood infection, allergy and more. According to Table 2 (Panel A), out of the 330 reports of deaths after vaccination, 173 are with no age indication, but these are early reports from the start of the vaccination campaign, at that time the elderly population was mostly vaccinated, so it can be assumed that the victims were aged 60 and over. All 157 other reports include age data, including 68 deaths of people under 60, 47 deaths of people under 50, 23 deaths of people under 40, 13 deaths of people under the age of 30, and one death under the age of 20. Table 2 (Panel B) shows that more cases of mortality after vaccination were observed among the male population than among the female population. Of the 330 deaths after vaccination, 64% are men’s deaths and only 36% are women’s deaths (including one pregnant woman's death). It is possible that the increase in deaths in men, especially those aged 60 and over, is due to the prevalence of heart problems and the use of blood thinners among this population. Our hypothesis is based on the high rate of post-vaccination deaths associated with heart problems, as well as the fact

that Pfizer stated in its corona vaccine product leaflet that the benefit should be weighed against the harm in administering the vaccine to people who use blood thinners[7].

Table 2 – Post-vaccine death events recorded in our database, segmented by age, gender & death cause

Panel A

Age / Cause of death	16-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Earlier reports 60+	Total
Sudden death	1	6	4	17	8	10	16	11	6	104	**183 55%**
Cardiac arrest / Heart attack	-	2	4	6	8	10	9	4	4	44	**91 28%**
Stroke	-	1	-	-	2	4	1	4	-	6	**18 5%**
Corona disease after vaccination	-	-	-	-	2	1	2	-	-	10	**15 5%**
Multi-organ failure	-	-	-	-	1	-	1	-	-	6	**8 2%**
Other	-	3	2	1	-	1	3	-	3	3	**15 5%**
Total	**1**	**12 4%**	**10 3%**	**24 7%**	**21 6%**	**26 8%**	**31 9%**	**19 6%**	**13 4%**	**173 53%**	**330**

Panel B

Gender / Cause of death	Women	Man	Total
Sudden death	65	118	**183 55%**
Cardiac arrest / Heart attack	31	60	**91 28%**
Stroke	9	9	**18 5%**
Corona disease after vaccination	4	11	**15 5%**
Multi-organ failure	2	6	**8 2%**
Other	9	6	**15 5%**
Total	**120 36%**	**210 64%**	**330**

The large number of reports of death occurring shortly after vaccination, which have been accumulated in our database, is consistent with reports coming from around the world. For example, a document

[7] https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine

dated 12 April 2021 from the British ministry of health reported 314 deaths after the vaccine[8]**.** In the U.S. VAERS system, 3409 post-vaccination deaths were reported in the first four months of 2021[9], reflecting a rise of thousands of percent from the annual average that stood at 108 reports of post-vaccination mortality per year, whilst the difference in the vaccination rate (in comparison to influenza vaccination) is les than 40%. We are wondering how specifically in Israel, the country that claims to serve as the world's experimental laboratory for Pfizer's corona vaccine product, and which has the highest immunization rate in the world, the ministry of health has abstained from attributing even one death case to the vaccine. For example, in a search of the Israeli ministry of health's website dated March 18, 2021 the following statement was found: "... so far only a few cases of significant allergy have been observed and not a single case of mortality, that is after about 20 million doses of vaccine were given"[10]. In a letter of response to a query submitted to the Israeli ministry of health by a group of lawyers, who asked for information about deaths that occurred shortly after the vaccination under the Freedom of Information Act, the ministry of health replied that as of March 15, 2021, 25 deaths occurred in the time frame of up to 16 days after receiving the first vaccine dose and 20 deaths occurred in the time period of up to 21 days after receiving the second vaccine dose. The ministry of health further added, in response to the same query, that in tests that were conducted, so far, no circumstantial link has been found between the deaths cases and the vaccination[11]**.** We wonder how it is possible that while the world reports hundreds of deaths each week occurring in close proximity after receiving the vaccine, and while our committee in its limited and meager means has already identified 330 deaths after the vaccination, the Israeli ministry of health, which is exposed to the full data, succeeded in identifying a total of 45 deaths cases which occurred shortly after the vaccine, and refrained from attributing even one case to the vaccine itself. We would expect the ministry of health, who is responsible for public health to adopt a more responsible and careful approach, considering the possibility that the mass experiment taking place here has also adverse effects. On a side note, we point out that even under the terms of the emergency permit for Pfizer's corona vaccine product, the ministry of health and Pfizer itself had to report and inquire any medical incident that occurred shortly after the vaccination.

When adding to all of the above the general mortality data in Israel, as published by the Central Bureau of Statistics, one cannot avoid raising the suspicion that the ministry of health's silencing and concealment mechanisms may have been designed to hide "under the radar" the truth data that could foil Pfizer's research. The CBS data updated for May 9, 2021 (deaths of Israeli residents, by month of

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[8] COVID-19 mRNA Pfizer- BioNTech vaccine analysis print. (April 12, 2021). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978316/050421_PF_DAP.pdf

[9] VAERS – MedAlerts. https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19

[10] Ministry of Health- Vaccine efficiency and safety https://govextra.gov.il/ministry-of-health/covid19-vaccine/covid19-vaccine-fqa

[11] Ministry of Health (March 21, 2021). A request for information within the Freedom of Information Act - a requirement to disclose the harms of the vaccine. Reference: 343960421. Application number: 643202

death, 2000-2021)[12] reflects a sharp and unusual increase in the overall mortality data in Israel, since the start of vaccination campaign with the vaccine product of Pfizer. Specifically, in January-March 2020, 12575 deaths were recorded, while in the corresponding months in 2021 - in the midst of the corona vaccine campaign in Israel - 14398 deaths were recorded, implying an increase of 15% compared to the previous year. A comparison of the mortality data reported in January-March 2021 to the tri-monthly average of 12183 deaths in Israel in 2020 reflects an even steeper increase of 18%. Moreover, CBS data show that January-March 2021 were the deadliest in the last decade. Comparison of mortality in January-March 2021 compared with mortality data in those months in previous years, while of course adjusting to population growth over the years, shows that the mortality rate in January-March relative to population size was in the year 2021 the largest in all 2010-2020 years.

Table 3 below presents the overall mortality data in Israel in January-March 2021, divided into age groups, as compared to the tri- monthly average mortality in 2020[13] and as compared to the mortality data in January-March 2020. The table indicates excess mortality in all age groups over the age of 20. Of particular concern is the abnormal excess mortality in the young population aged 20-29 in January-March 2021. The table reflects a steep increase of 30% in the overall mortality in the young population aged 20-29 in January-March 2021 compared to the tri-monthly average of mortality in these ages in 2020, and a steep increase of 20% in comparison with the overall mortality in this age group in January-March 2020. In the absence of an inquiry of the connection between deaths and the vaccine, can it be ruled out that this is the vaccine that led to the deaths of so many additional people in the first quarter of 2021, when the vaccination campaign was in full progress?

Table 3 - Excess general mortality in Israel in January-March 2021

Age group	Number of deaths January-March 2021	Number of deaths January-March 2020	Excess mortality in January-March 2021 compared to January-March 2020	Average tri-monthly deaths for 2020	Excess mortality in January-March 2021 compared to the average tri-monthly for 2020
0-19	193	210	-	195	-
20-29	140	117	20%	108	30%
30-39	173	143	21%	155	12%
40-49	347	318	9%	305	14%
50-59	743	651	14%	665	12%
60-69	1787	1570	14%	1534	17%
70-79	3215	2484	29%	2541	27%
80-89	4686	4232	11%	4010	17%
90+	3114	2850	9%	2670	17%
Total	**14398**	**12575**	**15%**	**12183**	**18%**

[12] Central Bureau of Statistics. Death of Israeli residents https://www.cbs.gov.il/he/Pages/search/TableMaps.aspx?CbsSubject=%D7%AA%D7%9E%D7%95%D7%AA%D7%94%20%D7%95%D7%AA%D7%95%D7%97%D7%9C%D7%AA%20%D7%97%D7%99%D7%99%D7%9D

[13] The tri-monthly average mortality in 2020 is computed as three times the monthly average number of deaths.

These alarming indications are not sufficient for the Israeli ministry of health to stop the vaccination campaign immediately and carry out an in-depth inquiry process, as required, or at the very least bring things to an open public discussion. Moreover, the Israeli ministry of health seems to completely deny the facts and official data, as well exemplified by its statement as part of a report on respiratory virus monitoring in Israel from April 10,2021[14], according to which "as of the ninth week ending on March 6, 2021, the decline in the death rate from all causes **continues**" (our emphasis). How can the ministry of health claims, a few days after two months of a sharp rise in the overall mortality rates, which is exceptional not only compared to the previous year, but also compared to the last 10 years, that there is a "continuing" decrease in mortality rates?

In an attempt to understand the cause of the abnormal excess mortality observed in Israel during the vaccination campaign, we analyzed the statistical relationship between the daily overall mortality data, as published by the Central Bureau of Statistics[15], and the daily immunization data published by the ministry of health[16]. The analysis indicates that the excess mortality observed in early 2021 can be statistically attributed to corona vaccines, both in relation to the entire population in Israel and when dividing the population into age groups[17]. An illustration of these statistical findings is given below in Diagram 4, which shows in the blue graph the daily observations of the number of vaccinated (in the first or second dose of the vaccine) in comparison to the red graph of the daily observations of the number of deaths occurring a few days after the vaccination, as for three age groups: a young group of ages 20-49, an intermediate group of ages 50-69, and an older group of ages 70 and up. It can be seen from the diagram that the fluctuation in the red graph of deaths is largely consistent with the fluctuation in the blue graph of the vaccinated, in all age groups.

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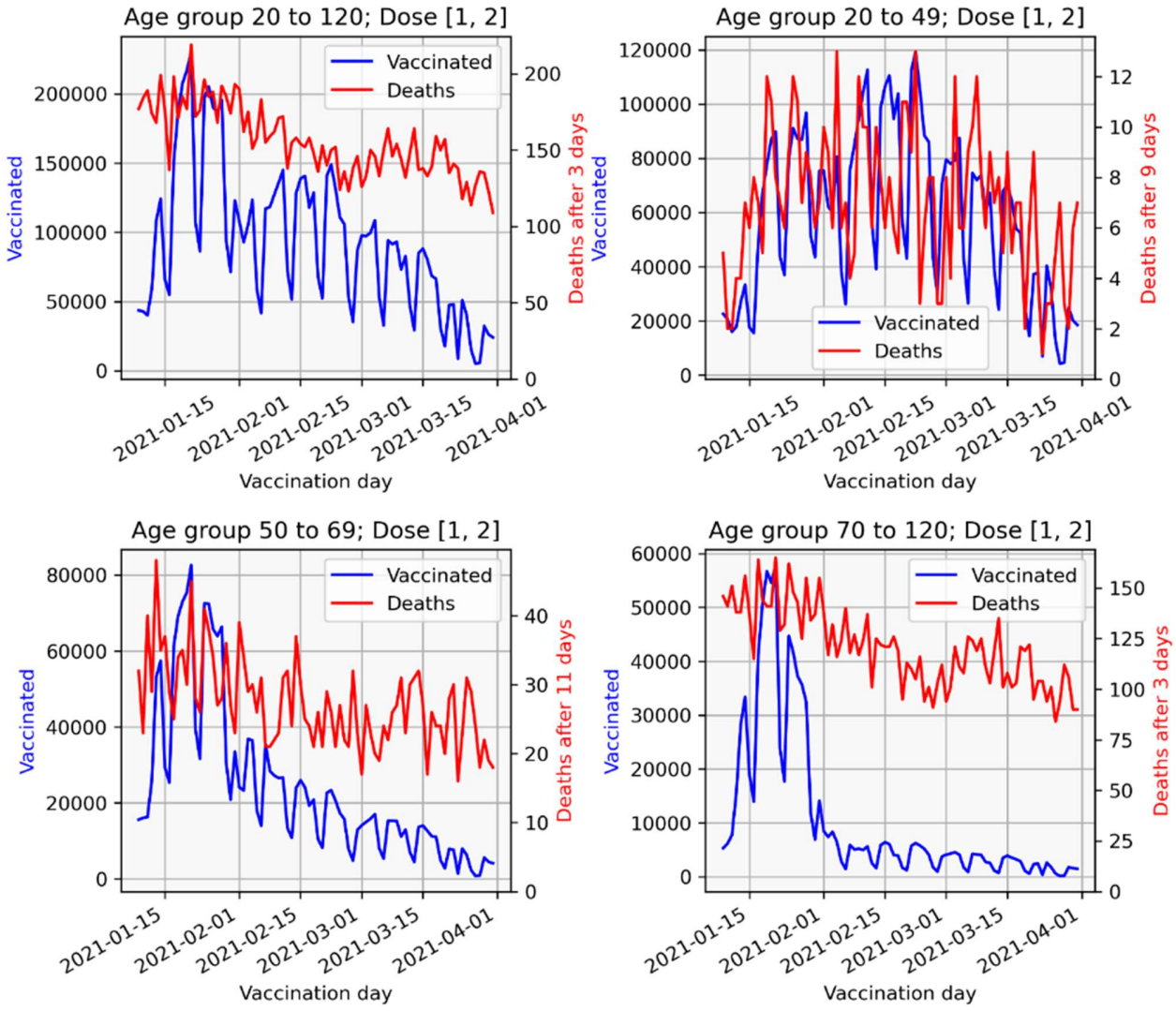
[14] Ministry of Health- Respiratory virus monitoring report in Israel, Report for week 14 that ended on April 1, 2021 https://www.gov.il/BlobFolder/reports/corona-flu-10042021/he/files_weekly-flu-corona_corona-flu-10042021.pdf?fbclid=IwAR0z6fc__IMHuGui07cLvPe7dDFrrXlnntiG82wlC789z2hw9C_ShL66-DA

[15] The Central Bureau of Statistics. Mortality of Israeli Citizens https://www.cbs.gov.il/he/Pages/search/TableMaps.aspx?CbsSubject=%D7%AA%D7%9E%D7%5%D7%AA%D7%94%20%D7%95%D7%AA%D7%95%D7%97%D7%9C%D7%AA%20%D7%97%D7%99%D7%99%D7%9D

[16] The Central Bureau of Statistics. Mortality of Israeli Citizens https://www.cbs.gov.il/he/Pages/search/TableMaps.aspx?CbsSubject=%D7%AA%D7%9E%D7%95%D7%AA%D7%94%20%D7%95%D7%AA%D7%95%D7%97%D7%9C%D7%AA%20%D7%97%D7%99%D7%99%D7%9D

[17] The statistical analysis is based on a linear regression model OLS with the daily number of vaccinated as an independent variable and the daily number of deaths (a few days post vaccination day) as the dependent variable. This, in an attempt to find a linear approximation to the relationship between the daily number of vaccinated and the number of daily deaths a few days post vaccination day, and for the purpose of estimating the length of the time window between the event of vaccination and the subsequent event of death. To the best of our knowledge, this type of statistical analysis, which manages to statistically establish a relationship between the vaccination and the excess mortality observed in Israel in the midst of the corona vaccination campaign, has not yet been implemented in other countries. We find it of great importance replicating the statistical analysis also in reference to data from other countries.

Diagram 4 - The relationship between the number of daily vaccinated in Israel and the number of daily deaths shortly after vaccination



We found a statistically significant correlation between the daily mortality data and the daily vaccine data during January-March 2021 when referring to either the two vaccine doses together or each of them alone, but the extent of vaccination with the second dose explains more significantly the excess mortality than the extent of vaccination with the first dose. It seems thus that the second vaccine dose is followed by a more significant wave of deaths than the first vaccine dose. We thus derived our main estimates based on the statistical relation that we found between the mortality data and the second vaccination dose data. For simplicity of presentation, we highlight the main insights from this statistical analysis, without elaborating on the underlying technical details, which are given in the appendix. In the young group of 20-49 years the most significant correlation was obtained with respect to the number of deaths on the eighth day after the vaccination date, in the intermediate group of 50-69 the

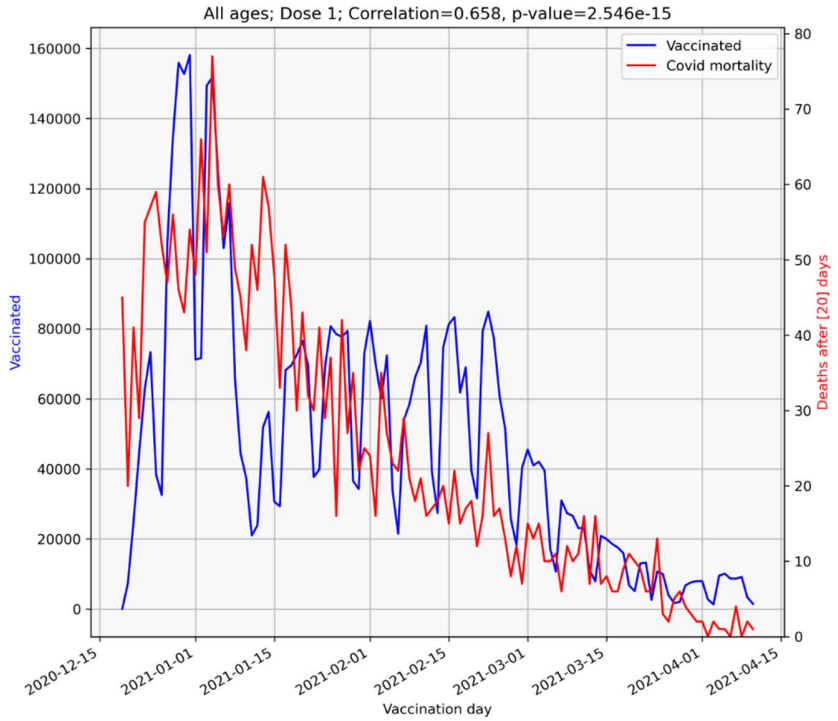
most significant correlation was obtained with regard to the number of deaths on the fifth day after vaccination, while in the elderly group of 70 and up the most significant correlation was obtained with the number of deaths on the third day after receiving the vaccine[18].These findings suggest a time gap between the vaccine and the death event that decreases as the age of the vaccinated increases. According to the statistical findings obtained, the mortality attributed to the corona vaccine is estimated at a rate of approximately 1: 3000 in the general population, 1: 18000 in the young age group of 20-49, 1: 5000 in the intermediate group of 50-69 , and 1: 1100 in the older age group of people aged 70 and over[19]. By implementing these estimates to the population vaccinated against corona in Israel, our assessment is that the number of deaths following vaccination in Israel currently stands at about 1600-1700 people. It is particularly sad and worrying to see that the estimated mortality rate from corona vaccines among the young population is incomparably higher than the mortality rate of this population group from the corona virus, against which the vaccine is designed to protect. These data are particularly disturbing in light of the intention of the heads of the health system in Israel to vaccinate the entire population of children in the country with Pfizer's corona vaccine product.

Interestingly, we also found a strong correlation of 66% between the daily vaccination data and the daily data of mortality due to post-vaccination corona during the corona vaccination campaign in Israel. An illustration of this statistical correlation is given below in Diagram 5. The blue graph in the diagram shows the daily observations of the number of vaccinated (in the first dose). The red graph in the diagram shows the daily observations of the number of deaths occurring due to corona in a lag time of 20 days from the vaccination date. When comparing the two graphs, it can be seen that the fluctuation in the red graph of deaths due to post-vaccination corona is largely consistent with the fluctuation in the blue graph of the vaccinated. We don’t have a satisfactory explanation to this surprising statistical finding. Does it suggest that the vaccination against corona actually exposes vaccinated people to a higher risk of mortality from corona? Perhaps it alternatively implies to manipulation in the reported data regarding the number of deaths from corona? We leave these questions open.

[18] The linear regression model underlying our statistical analysis was run multiple times, with each run based on the entire series of observations of the daily number of vaccinated and a series of daily observations of the number of deaths in a time difference from the vaccination date, which varies between runs. The reported findings are based on the results of the regression with the time difference between vaccination day (second dose) and death day, for which the most significant statistical relationship was found. The correlation is 0.525 for the entire population, 0.336 in the age group 20-49, 0.541 in the age group 50-69, 0.671 in the age group 70 and up. The p-value is below 3% in all age groups and in the entire population.

[19] The reported findings are based on the estimate obtained for the slope of the regression line, which approximately reflects the death rate from the number of vaccinated (second dose). For the sake of presentation simplicity, point estimates of the regression line slope obtained in each age group were presented after rounding down (showing a more optimistic assessment). The 95% confidence interval for the ratio of dead to vaccinated within the entire population is 1:2118-4532, in the age group 20-49 it is 1:10788-47212, in the age group 50-69 it is 1:3470-7175, and in the age group 70+ it is 1:871-1443.

Diagram 5 - The relationship between the number of daily vaccinated in Israel and the number of daily deaths due to corona shortly after vaccination



CHAPTER 3 - ON THE WIDE RANGE OF VACCINE-RELATED ADVERSE EVENTS

IN SHORT: There has never been a vaccine that has injured so many people! In addition to the 330 reports of fatalities in proximity after the vaccine, another 2016 reports were collected in our database, describing a wide and multi-system range of adverse events that caused moderate to severe damage to vaccinated. Among the adverse events, a relatively high rate of harm has been observed in women, including massive vaginal bleeding, menstrual disorders, miscarriages and still births. There is also a high prevalence of neurological injuries and cardiovascular problems. A particularly notable and alarming adverse event, which is reflected from our database in high frequency, is myocarditis, which also affects young people, and can shed further light on post-vaccination deaths that were mostly caused by heart problems.

In this chapter we will relate to the wide range of serious adverse events observed following vaccination and reported to us, after deducting the reports of deaths discussed in the previous chapter. To illustrate the nature of the reported cases, we will present some examples from the many reports flowing to us.

Here is a first example of a report received from a 42 year-old man who was healthy before the vaccine: "Disaster struck my body. Two days after the second vaccination I felt my chest was going to explode, I had 22 suffocation attacks and was diagnosed with emphysema. To this day, I suffer from severe bouts of shortness of breath and stress, loss of appetite, weight loss, a outbreak of pneumonic disease and severe inflammation of the nervous system".

And another example of a report received from a healthy 47-year-old woman, mother of four children and a yoga teacher: "Two weeks after the first vaccine I experienced challenging 48-hour adverse events. A week after the vaccine - for about two weeks - I was almost completely disabled. It started with fever, 48-hour chills, and continued with strong muscle pains while moving, weakness, and quite stressful tingling all over the body (especially when exposed to heat, sun or hot water) that feel like an attack of fire ants. After a visit to the family doctor (who laughed at me when I arrived), another home-visit doctor (who sent me with an ambulance to the emergency room), and doctors in the E.R. who determined that I had nothing and sent me home after a few tests – a friend insisted and made an appointment with a professor in Ichilov hospital. From my blood tests he diagnosed a multi-system inflammation, probably as a result of the vaccine. It has been almost a month since and I am on steroids. During the day I function about 80 percent with the steroids, go to bed weak and sore, and when I get up every morning - I can barely move until the pill affects. The electric currents in the body attack every time the body heats up and create very unpleasant sensations in the body. My work has been damaged, I function less at home, and my mood is really poor".

And here is another example of a report by a 19 year-old young man: "Several days after the second vaccine I was hospitalized with chest pain. High troponin".

And now an example of a report by a 16 year-old boy: "After a second vaccination, general lymphadenopathy appeared. Lymphocytosis condition, probably as well. For two months now I undergo a full medical examination by a hematologist and an oncologist with no clear findings. Just before a bone marrow".

And one more example of a report by a mother of a 16 year-old boy, who told our professional team that her son was hospitalized, shortly after receiving the second vaccine dose, in a vascular department, and has been there for more than a month, after undergoing emergency surgery, with a diagnosis of acute left hand ischemia and a suspected clot In the subclavian artery on the left side.

Finally, an example of a report about a young woman: "25 years old from Rosh HaAyin, after first vaccination, pregnant in the ninth month, she had a brain hemorrhage, fell and fainted. Her husband found her on the floor. They delivered the fetus. She underwent several head surgeries. Her condition is very serious".

At the time of writing, our database of post-vaccination adverse events includes 2346 reports that have already been reviewed and processed. After deducting the 330 reports of events that ended in death and were reviewed in the previous chapter, all 2016 additional reports refer to a wide and multi-system range of adverse events that occurred in proximity after vaccination and caused moderate to severe, and even life-threatening, damage to injured (minor adverse events are not included in our database). Table 6 below shows the mapping of these reports into different categories of adverse events.

Table 6 – Post-vaccine adverse events recorded in our database, divided into categories

Category	Sub-Category	Number of complaints	Percent of total
Death	Sudden death	183	
	Death from cardiac arrest / heart attack	91	
	Death from stroke	18	
	Death from covid-19 after vaccination	15	
	Death from multi-system failure	8	
	Death from another reason	15	
		330	**14.1%**
Gynecology	Vaginal bleeding	190	
	Menstrual Disorders	135	
	Miscarriage	51	
	Preterm contractions and preterm birth	13	
	Pregnancy hospitalization	10	
	Stilbirth	8	
	Endometriosis flare up	4	
	Other (premature contractions, breastfeeding difficulties / Infertility / baby issues)	11	
		422	**17.9%**
Neurology	Neurological impairment (vertigo, paresthesia, Facial nerve palsy, paralysis)	85	
	Stroke	82	
	Bell's Palsy	63	
	Neurological-motor impairment (limb paralysis)	44	
	Seizure	24	
	Neurological-cranial impairment	12	
	Other (cognitive impairment, neurological-sensory impairment, intracranial pressure, ageusia, ALS)	16	
		326	**13.9%**
Pain	Limb pain	59	
	Extreme headache	47	
	Myalgia	34	
	Back pain	29	
	Abdominal cramps	21	
	Other (chest pain, bone pain, joint pain, fibromyalgia flare-up)	15	
		205	**8.7%**
Heart	Heart attack, Myocarditis	178	
	UNS	19	
		197	**8.4%**
Skin	Shingles	75	
	Rash & blisters	9	
	Dermatology – general	14	
	Other (edema, aphthous ulcer, psoriasis)	9	
		107	**4.6%**
Lungs	Pneumonia, Pulmonary edema, Pleural fluid	103	
	Dyspnea	1	
		104	**4.4%**

Ears	Inner ear Tinnitus Hearing impairment Other	49 7 7	
		63	**2.7%**
Allergy	Allergic reaction Anaphylactic reaction	50 7	
		57	**2.4%**
Lymphadenopathy		52	2.2%
Inflammation	Inflammation - general Arthritis Multi organ syndrome Other (gastritis, cholecystitis, pancreatitis)	33 6 3 8	
		50	**2.1%**
Eyes	Eye disorders Visual impairment Loss of vision	24 21 2	
		47	**2.0%**
Covid-19		**39**	**1.7%**
Blood	Blood clots Internal bleeding Bleeding Other (blood infection, blood clotting disorders, Intra-cranial/Rectal bleeding, hematuria)	18 5 3 9	
		35	**1.5%**
Endocrinology	Thyroid gland Drastically high blood sugar Juvenile diabetes	12 7 1	
		20	**0.9%**
Internal	Kidneys Digestive system Liver function	6 6 4	
		16	**0.7%**
Malignancy	Cancer – general Lymph node malignancy Exacerbation of oncological condition	7 5 4	
		16	**0.7%**
Autoimmune	Autoimmune Disease Lupus	12 2	
		14	**0.6%**
Infectious	Bacterial infection CMV AIDS	4 3 1	
		8	**0.3%**
Other	Hospitalizations, Dysfunction, Syncope, Unconsciousness, Extreme fatigue, Mental disorders		
		238	**10.2%**
Total analyzed		**2346**	**100.0%**
Received, not analyzed yet		**300**	
Total reports		**2646**	

We have no doubt that the reports we have collected on adverse events associated with Pfizer vaccine, as reflected in Table 6, are only a partial update due to considerable under-reporting, but we can still learn from them about a very wide range of adverse events observed in proximity after corona vaccination, which affects almost all systems in the human body. A very alarming adverse event that appears in our database with a particularly high incidence is myocarditis (178 reports, of which 44 refer to young people under the age of 40, with a significant proportion of reports in young people that relate to myocardial and pericarditis). This phenomenon can also shed further light on mortality data, which were observed in proximity after vaccination and were extensively reviewed in the previous chapter, as most of them were derived from various cardiovascular events. Other adverse events that are prominent in their high prevalence have been observed in women and include massive bleeding (190 reports), menstrual disorders (135 reports), as well as miscarriages and stillbirths (59 reports). There is also a high prevalence of neurological injuries that occur in proximity after immunization. It is possible that the multiplicity of adverse events associated with Pfizer's corona vaccine explains, as well, why about 5% of the citizens who were vaccinated in the first dose did not complete the immunization process with the second dose.

The prevalence of vaccination-related adverse events in our database, as well as the nature they carry, are consistent with reports coming from around the world. For example, according to a report by the UK government from April 15[20], the UK administered 11 million of first dose Pfizer vaccines and 4.4 million of second dose Pfizer vaccines in the period from the beginning of vaccination campaign on March 9, 2021, to April 5, 2021. That is, a total of approximately 15.4 million doses. The report[21] further indicates that during this period, 55,716 reports of adverse events, that included 159219 adverse events, related to Pfizer's corona vaccine, were reported to the MHRA through the Yellow Card Scheme's reporting mechanism. 370 of these reports relate to deaths cases. As for side effects, the report includes 2048 cases of cardiac disorders (including 37 cases of Myocarditis /pericarditis), 5498 cases of blood disorders, 871 cases of immune system problems, and 100 cases of adverse events in pregnant women (including 54 spontaneous miscarriages). Also reported 29614 cases of nervous system disorders, 16512 cases of gastrointestinal problems, 3070 cases of infections, 2708 cases of psychiatric disorders (including 92 cases of hallucinations, 43 cases of panic attacks, 81 cases of abnormal dreams), 2279 cases of vascular problems, 1961 cases of ear problems (including 82 cases of deafness), and 992 cases of metabolic problems.

[20] Medicines & Healthcare products Regulatory Agency. (April 15, 2021). Coronavirus vaccine - weekly summary of Yellow Card reporting.
https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting#annex-1-vaccine-analysis-print

[21] COVID-19 mRNA Pfizer- BioNTech vaccine analysis print. (April 12, 2021).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978316/050421_PFDAP.pdf

It is very worrying how specifically the ministry of health in Israel, the world's leading country in corona immunization rates, does not provide the public with available data regarding the extent of adverse events from the vaccine (we will expand the reasons for this in Chapter 4), and the information the public receives is based on a limited number of reports that can be counted on one hand's fingers. So far, five adverse events reports have been published by the ministry of health in Israel[22], the last of which was published on March 1, 2021, i.e. more than two months ago (!). The ministry of health's latest adverse events report from March 1[23] shows an absurd outlook, according to which, apparently, there has been a significant decrease, and in some cases huge, in a variety of serious pathological effects that appeared in the proximity of vaccination, suspected as vaccine-related adverse events, as compared to the corresponding period in the years 2017-2019. For example, the report shows that during the vaccination period there was a 1000 times reduction in myocardial infarction compared to the corresponding period in 2017-2019; 3650 times reduction in heart failure; 385 times reduction in stroke; 90 times reduction in pericarditis and 26.5 times in myocarditis. As members of the Public Emergency Council for the Corona Crisis noted in their position paper on children vaccines, published on April 12[24], the conclusion of this ministry of health's report is that Pfizer's corona vaccine protects not only from the corona virus but also from dozens of other serious medical conditions. It is quite clear that this result is not medically plausible, so this raises significant doubts about the reliability of the report.

CHAPTER 4 - ON THE SILENCING MECHANISMS ASSOCIATED WITH VACCINE ADVERSE EVENTS

IN SHORT: We describe a web of moves initiated by the Israeli ministry of health, in cooperation (voluntary or submissive) of the entire Israeli health system, and under the auspices of the main communication channels in Israel, leading to a massive disruption of the truth about corona vaccine adverse events in Israel. The incomprehensible gap between the reality in ground and the information published by the Israeli ministry of health and by the Israeli media raises the fear of dangerous deception not only of Israeli citizens but of citizens all around the world, who see Israel as the research laboratory of Pfizer's corona vaccine product.

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[22] Ministry of Health. Discussions in the Committee for vaccine monitoring and Corona improvement https://www.gov.il/he/departments/publications/reports/vaccine-efficacy-safety-follow-up-committee

[23] Ministry of Health, symptoms that appeared in the proximity of receiving a corona vaccine ,Division of Epidemiology, Public Health Services updated to 1.03.21 https://www.gov.il/BlobFolder/reports/vaccine-efficacy-safety-follow-up-committee/he/files_publications_corona_side-effects-after-vaccination-01032021.pdf

[24] Public Emergency Council for the Corona Crisis. (April 12, 2021). Position paper: Covid 19 children and adolescents under 16 years vaccintion. https://www.pecc.org.il/docs/childvac.pdf?fbclid=IwAR2B4iSKbuNf6b6MIJELotvfZNsPg_q6FcIo-QaVtVT83GntAD2W1-KDEmw

The gloomy picture of the extent and severity of adverse events that many Israeli citizens experienced in proximity after receiving the corona vaccine, as revealed in the previous chapters of the report, is in absolute contrast to the optimistic picture the Israeli ministry of health portrays to the public and the one which is reflected in the Israeli media. In this chapter we will explain how can there be such a deep gap between the reality in the ground and the information provided to the Israeli public by the authorities and the media, and which is well rooted in the minds of the citizens of Israel. We will also describe the tools through which this gap in perception of reality has been created, present those responsible for its creation, and try to establish the motives that guide them.

We will start by saying that a necessary and extremely important condition for granting a permit for mass use of any new experimental product is the existence of systems for close and strict tracking, monitoring and alerting about the adverse events and risks. Let alone such systems are essential in the context of a mass vaccination campaign defined as experimental for the citizens of an entire country, especially when it pretends to serve as a global model for other countries. Indeed, as part of the granting of the permit for emergency use of its corona vaccine product, and as a condition of receiving it, Pfizer has pledged to the US Food and Drug Administration - the FDA - to conduct comprehensive and rigorous monitoring and control of the observed adverse events in patients, who have been treated with the vaccine product, and report to the FDA any case of serious adverse effect and any case of hospitalization or mortality reported to the company[25,26]. And so, the state of Israel pledged to the Pfizer's company, according to the media reports. Despite all this, and despite the fact that the Prime Minister of Israel and senior officers of the Israeli ministry of health are proud that Pfizer has chosen Israel to be the experimental country thanks to the advanced technological systems of the Israeli HMOs, in practice there is paralyze and shutdown of all monitoring and alarming systems that might detect adverse events that occur in proximity after getting the vaccine and alert about them.

There are transparent systems in the world designed to report adverse events associated with any new medical product or treatment, such as the VAERS (Vaccine Adverse Effect Reporting System)[27]. Systems such as these invite the general public to report any adverse events that the patients themselves or their relatives have experienced in proximity after using the medical product, and also allow them to observe the adverse events reported by others, in their own words. This, without any mediation by the health authority, so that all the reports are published, without the authority deciding what it considered to be related to the medical treatment and what is not. Although such reporting systems are far from perfect, and according to the scientific literature they reflect the adverse events in considerably deficit (according to estimates in the research literature, they reflect between 1% and 10% of the adverse

[25] FDA.(February 25, 2021)
https://www.fda.gov/media/144412/download

[26]https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained

[27] Vaccine Adverse Event Reporting System (VAERS).
https://vaers.hhs.gov/esub/index.jsp

events in reality[28,29,30]), they are of enormous importance, since they constitute an essential database for research on the safety of new medical procedures and preparations. In contrast to the practice in well administrated and managed Western countries, the state of Israel does not have such a transparent system for reporting adverse events, and therefore there is no orderly follow-up of adverse events related to Pfizer's corona vaccine. This is despite the choice to make the state of Israel a kind of the laboratory of the world.

With the start of the corona vaccine campaign in Israel, an online form has been set up on the Israeli ministry of health's website, which allows the public to report adverse events after the vaccine[31]. Until lately, however, the report was completely anonymous, with no identifying details and no means of returning to the reporter to find out more details. In addition, it was not possible to describe in free text the complaints, and the list of symptoms to be marked was limited and referred to only mild symptoms. Recently, after the committee's legal team sent a letter on this matter to the Attorney General and then also filed a petition to the High Court of Justice, the form was slightly modified, the possibility of free text was expanded and the possibility of contact details was added. However, even now, absurdly, the form still does not allow to fill in the name of the reporter, and moreover - this change was made very late, after most of the adult population has already been vaccinated. Furthermore, not only did the poor structure of the form make the report worthless, but worse - the report is not publicized in transparency, it reaches the ministry of health only, and thus the decision regarding its exposure to the public is subject to the sole discretion of the authorities. The latest report on vaccination related adverse events found on the ministry of health website was published on March 1, 2021[32], and it does not mention even a single reference of a mortality case, although we know that doctors reported to the ministry of health the death of patients after vaccination. There is no escape from the conclusion that the ministry of health's reporting form is a deliberate deception directed at the Israeli citizens, to throw dust in their eyes and make them believe that there is a reporting system, when in practice it is only an apparent reporting system that does not allow effective follow-up and monitoring of vaccine related adverse events. From the protocol of the meeting on March 22, 2021, held by the Ministry of Health Priority Committee for Corona Vaccines, it appears that even the members of this committee are aware that the adverse events associated with the corona vaccine are not at all monitored, as stated by Dr. Tal Brosh, a member of the committee: "The data collected in the

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[28] Kessler, D. (1993). Introducing MEDWatch. A new approach to reporting medication and device adverse effects and product problems. JAMA (269):21, p.2785.

[29] Lazarus et al. (2010). Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS).

[30] Shimabukuro et al. (2015). Safety monitoring in the Vaccine Adverse Event Reporting System (VAERS). 2015 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4632204/

[31] Ministry of Health. (2021). Reporting of adverse events that have occurred in proximity to a vaccine against orona. https://govforms.gov.il/mw/forms/CovidVaccinationSideEffectsReport@health.gov.il

[32] Ministry of Health. Vaccine Operation Committees https://govextra.gov.il/ministry-of-health/covid19-vaccine/covid-19-vaccine-efficacy-safety-follow-up-committee/?fbclid=IwAR3B5roQ2avnwE0tHzEoPaw7_UWY6U5N5KjkBmo2gYYbWXmUH3rP0woSJBg

country cannot be relied upon. No adverse event was reported and this is due to lack of data collection as in a study …" (see section 1.9.15.8 in the protocol)[33].

Furthermore, there seems to be no tracking and monitoring of even the most vulnerable populations, such as pregnant women and elderly people. While in the US, the CDC and the FDA have initiated specific systems for tracking and monitoring pregnant women receiving the vaccine product[34], in stark contrast it turns out that in Israel there is no monitoring system that will allow following of vaccine-related adverse events in pregnant women, pregnancy status, fetus status, and the baby's condition after birth. And this, despite the fact that Israel is the only country in the world that proactively and comprehensively recommends that all pregnant women be vaccinated, and even forces them to do so by applying the green passport policy. In response to a query sent by the Freedom of Information Movement to the ministry of health, the latter admitted of having no data even about the number of vaccinated pregnant women[35], and hence it is quite clear that the ministry does not have any data on their condition. As for the elderly, the situation is even worse. As part of the national program to protect the elderly population in Israel from the corona virus, the "Protecting Fathers and Mothers" program, a reporting system was activated from April 2020, which used to publish detailed reports on an almost daily basis on cases of corona outbreaks, hospitalizations and mortality in nursing homes. Astonishingly, on December 29, 2020 of all days, the day the vaccination campaign began in the nursing homes, the publication of the detailed reports was abruptly stopped, and in fact since then there have been no more reports of outbreaks, hospitalizations and deaths in the nursing homes. Moreover, in recent weeks, after we sent a warning letter to the Attorney General about the cessation of reports and we published it in our interim conclusions report, the "Protection Fathers and Mothers" website, which was open to the public[36], has been completely removed. Instead, another new website was established with access limited only to the relevant role holders in those institutions, using a username, password and code.

From the testimonies of doctors brought before us, we get the impression that the doctors in Israel are standing helpless when it comes to treating the adverse events from the vaccine. This helplessness is

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[33] Ministry of Health (22 March 2021). The team for treating epidemics. Priority Committee for corona Vaccine. https://www.gov.il/BlobFolder/reports/vaccine-priorities-board/he/files_publications_corona_vaccine-priorities-board-21032021.pdf

[34] Information about COVID-19 Vaccines for People who Are Pregnant or Breastfeeding. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html?fbclid=IwAR1zV8IikSeCyMxhrE5vCaqrmULeV_1LWZ_Wq8OAGyzAgrhuRUm_1yTnGW4

[35] The Movement for Freedom Information (2021). Request for information under the Freedom of Information Act - Vaccination of Corona virus in pregnant women. https://www.meida.org.il/wp-content/uploads/2021/02/Pregnant-women-with-corona-converted1.pdf?fbclid=IwAR17sPgM7XJfpQRDIoHKvhRuuHg8ufznE-Sj851mpDLDZ3hrcF5n6_VyL6k

[36] Protecting Fathers and Mothers- update situation. https://govextra.gov.il/minis.../care-covid19/daily-reports/

probably due to the complete lack of appropriate guidelines on the part of the heads of the health system in Israel, which is negligent at best or intentional at worst. In particular, we were informed of a document[37] published by the Israeli ministry of health to the district physicians on February 2, 2021, which numbered a long list of 29 serious diagnoses (Including, ADE - increased immunology disease, stroke, acute myocardial infarction, acute encephalitis, meningitis, pericarditis, transverse myelitis, coagulopathy, acute renal injury, acute liver injury, acute respiratory distress syndrome, inflammatory multisystem syndrome in children, and more severe diagnoses) for the purpose of reporting symptoms in proximity after the corona vaccine. Surprisingly, however, this important document was not distributed to physicians in the field. Testimonies from doctors indicate that the ministry of health does not instruct doctors to monitor adverse events from the vaccine and to examine the connection between adverse events that appear in the proximity of the vaccine and the vaccine. Moreover, it appears from the evidence that even when physicians are interested in reporting, many of them do not know how to do so. There are two ways doctors and medical staff can report adverse events to the ministry of health. One way is a report by a medical staff at the HMO performed through the patient's medical file. Testimonials from doctors indicate that many doctors do not know how to report in this way, and until recently the report enabled marking only local and mild adverse events. The second way is to report within the hospital, but this is a cumbersome and time-consuming way of reporting. For example, reporting myocarditis required filling out a multi-page form and sending it by email - an unreasonable task as part of intensive emergency room work. As a result of these flaws, the reporting rate by physicians is low, and they tend to report only in exceptional cases. And if this is not enough, it appears from the evidence that we received that even when doctors report of adverse events they encounter, using the report form, these reports are not published transparently to the public, or even to the doctors themselves. In addition, testimonies from doctors also indicate that the Israeli ministry of health forbids them to give approval or a recommendation not to vaccinate or postpone the vaccine, and that they are obligated to recommend the vaccine in any case, regardless of the medical situation or history of their patients. For example, as we encountered from the testimony of one of the doctors, recommending the vaccine is required even in cases where the patient has previously had Bell syndrome, a syndrome reported as an adverse event of the vaccine.

We are also experiencing a growing phenomenon of active repression on Israeli physicians, who express critical views regarding the way in which the vaccination campaign is conducted. Moreover, the authorities in Israel also prevent the obtaining of scientific evidence that could jeopardize the imaginary and dictated consensus from above regarding the safety of the vaccine, and they fight with aggressive measures against anyone who still dares to bring such evidence and make scientifically proven claims about the need for more careful vaccination. Unfortunately, it seems that the main communication channels in Israel have joined the ministry of health's efforts to impose scientific tyranny regarding the safety of Pfizer's corona vaccine product. The research literature is replete with studies indicating that the mass media outlets often disclaim their responsibility to serve as a mechanism for overseeing and

[37] Reference 113342221

criticizing the conduct of the authorities and as a platform for presenting pluralism and instead choose to serve as a mouthpiece for the establishment and those in power. However, during the corona crisis, the major media channels in Israel reached new records of embezzlement in their role as important gatekeepers of democracy and the public. They have sweepingly espoused the government narrative, constantly echoing the messages of the ministry of health and the government, according to which the vaccine is the only way out of the crisis and back to normal life, and it is safe and effective and free of any adverse events. This, while glorifying the virtues of the vaccine product, and on the other side concealing and even hiding its shortcomings, suppressing any discourse regarding the risks involved, and considerably underreporting the adverse events observed in proximity after vaccination. There is a massive of silencing of voices that dare to raise claims about possible risks associated with an experimental vaccine product, which has not yet been approved but has only been allowed for temporary emergency use, and which is based on new technology that has not been tested on humans adequately, and certainly not on pregnant women, children and adolescents. Doctors who express such opinions have received warning letters from the Committee for the Prevention of Misleading the Public in the Israeli ministry of health (see, for example, the letters regarding Dr. Michal Haran[38,39], and Dr. Avshalom Carmel[40]). And if that's not enough, in many cases these brave doctors are either - at best - ignored by the media, or- at worst - even exposed to defamation in the media, when their words are categorized as false information (or in popular parlance "fake news"). This is while doctors and scientists, who have chosen to join this dictated consensus, have gained the status of the beloved of the government and the media and have become celeb substitutes, with their messages, even the evidently unfounded ones, frequently are heard through the various media outlets. The authorities, with the active assistance of the media, have created on one hand a reward system for opinions that support Pfizer's vaccine product, and on the other hand have also built a kind of modern inquisition that silences any claims regarding possible risks. For example, a case of the young Israeli girl, who died of myocarditis following the vaccine, was framed in the media as malpractice by the hospital, although it is known that myocarditis, mainly autoimmune, can cause severe morbidity and mortality[41].

Unfortunately, almost without exception, physicians in the Israeli health care system, from the front-line workers to the top of the hierarchy, have succumbed to the pressures and dictates of the ministry of health. They even did this at the expense of violating basic norms of medical ethics and proper medical administration. Our committee has received many reports of physicians, who encouraged and even pressured patients into getting the vaccinate. It appears that they were given instructions as to how every patient should be treated, regardless of their medical history and with no reference to the patient information leaflet of the Pfizer's vaccine product. Many patients reported to us that physicians

[38] https://www.health.gov.il/Services/Committee/deceive/Documents/2017204.pdf

[39] https://www.health.gov.il/Services/Committee/deceive/Documents/211220721.pdf

[40] https://www.health.gov.il/Services/Committee/deceive/Documents/223666321.pdf

[41] Myocarditis and inflammatory cardiomyopathy: current evidence and future directions | Nature Reviews Cardiology

brushed aside the possibility that the various adverse events they were experiencing following vaccination are related to the vaccine. We have received reports of hundreds of vaccine-injured, who needed hospitalization since vaccinations began, many with severe adverse events, but hospitals refuse to recognize the link between the vaccinations and the subsequent adverse events, even though most patients experienced the side effects right after the first or second vaccine, and the majority experienced adverse events they had never encountered before. Among the many reports we received, there were cases of officials within the Israeli health care system approaching families, whose loved ones had died immediately after the vaccine, urging them not to report it.

We received many testimonies from doctors and medical staff. Here are selected quotes from a letter sent to the committee by a medical staff member in an internal ward of one of the largest hospitals in Israel, describing numerous hospitalizations in his ward, all of which point to consistent problematic management of post-vaccination adverse events, characterized by lack of caution and professionalism and largely stemming from the fact that the ministry of health has never issued clear guidelines in this regard. The cases described in this letter include a variety of pathologies, which occurred right after taking the Pfizer vaccine and led to hospitalization, including ITP, neutropenia, chest pain, vasculitis, fever, speech disorder, high blood pressure, acute renal failure and bradycardia. In every single case, the physicians refrained from linking the vaccine to the event that led to the hospitalization, didn't even mention the vaccine in the patient's medical file, and didn't report the case to any external party. The letter states, for example: "[The case] was not reported to any external party, and if the family brought up the subject, they were simply told that there was no connection between [the vaccine and the event] because bradycardia takes a long time to develop". About another case: "Even chest pain near the vaccine site with an increase in troponin in a patient lacking a cardiac background was not treated as a possible result of the vaccine. Of course it was not reported to the ministry of health and was not discussed with the patient". Another example: "I admitted the patient to the ward and questioned him why he had been hospitalized. He did not even mention the vaccine, and only after I asked him did he mention that the speech disorder appeared a few hours after he received the vaccination. The doctor on duty later came to ask him some questions, and the patient didn't even mention the vaccine to him. Even after I hinted to the doctor that it might be worthwhile to check out a connection to the vaccine, he ignored me. An intensive care consultation was ordered, and the doctor on-call examined the patient and told the doctor on duty that she had to consult with the senior physician about the various diagnoses. I hinted to her that it might be worthwhile checking a connection to the vaccine, but she brushed me aside with the answer, 'OK, OK, there could be a thousand reasons for this'…". One more example: "Although the diagnosis of vasculitis is unusual and so is treating it with chemotherapy, the doctors didn't imagine for a minute that there could be a connection between the diagnosis and the vaccine. This is despite the strange coincidence of two patients in beds next to each other in the hospital having the same diagnosis about 10 days after the vaccine without having similar background diseases (the patient with myocarditis was released but was returned to the ward after a few days). I asked a senior doctor how he could be sure it was unrelated to the vaccine, and he simply replied that 'It's a disease that develops over a long period of time, so there's no way it was caused by the vaccine' …". He

claims that what makes the situation even worse is the fact that the doctors are relying on the principle of evidence-based medicine, so they refrain from reporting a phenomenon that is not recognized in the medical literature. As he wrote it, "Even if he (the doctor) is an independent thinker, at the end of the day a diagnosis in the patient's file must be backed by the professional literature. If the literature doesn't talk about it (or the literature is not written in a textbook that the internal medicine doctor deems acceptable) he simply will not write it down. If it hasn't been researched, it doesn't exist". This testimony of a medical-staff member shows the diagnostic tendency to outright reject any connection between the side effect and the vaccine, leading to a significant non-reporting of vaccine-related side effects from hospitals and clinics.

Statements that no one in Israel died from the vaccine, but only with the vaccine, are heard from senior health officials (for example, Prof. Galia Rahav, March 2021)[42], while the fact is that hundreds of people in Israel died right after receiving the vaccine, and excess mortality has also been reported in countries with high immunization rates, with mortality after vaccination standing at approximately 1: 25000. The health care system's behavior stands in stark contrast to the accepted medical codes, according to which deaths and serious illness caused after any medical treatment should be attributed to the treatment itself unless proven otherwise. Regardless of whether a patient suffering from an abnormal health event after receiving the Covid-19 vaccine, or the doctor treating him, believes that the event is related to the vaccine or not, it is essential that any such event (large or small) be reported in the system. We can only discover the causal relationship between the vaccine and a particular health event with the passage of time and with the accumulation of data regarding the frequency of such events during the vaccination period, and by comparing it with past data. Ignoring the link between the vaccine and exceptional health events that occurred shortly after receiving it completely obliterates our ability to collect and analyze the data and draw critical conclusions regarding the safety of the vaccine.

The lack of an orderly system encouraging the public to report the vaccine side effects is striking in view of the Israeli ministry of health's intensive campaign to get people vaccinated, which combined intimidation on the one hand with inflated promises on the other. A culture of fear was inculcated in the Israeli public not only from the virus itself, but also concerning their right to find out and report the vaccine's side effects. This situation has led to an unprecedented deluge of thousands of dire reports on social media, which seem to be the only platform where people are still allowed to tell what really happened to them. These reports on social media show a disturbing picture of a large number of serious side effects and deaths, which were observed in all age groups in the population shortly after receiving the corona vaccine. We wonder how could such a widespread phenomenon of social media reports about vaccine-related side effects receive no response from the ministry of health, which is supposed to monitor and analyze these effects, nor media coverage or response from any public figures. Needless to say, we assume, how much the tendency to deny, hide and ignore the plight of people, who are caught up in the statistics of side effects, further intensifies their distress, sense of chaos and anxiety.

[42] https://www.facebook.com/1154000821406625/videos/456037805598468/

It certainly does not aid in their recovery process during the crisis, but perhaps quite the opposite. In this context, here is a post by Dr. Michal Haran on her Facebook page dated April 9, 2021: "Almost every day at least one person turns to me who got ill after taking the vaccine and is suffering from conditions that none of the doctors he approached knows how to treat. What characterizes almost all of these people is a sense of despair and hopelessness. They come to me as a last resort in the hope that I can help them and find a cure for their illness".

The absence of any processes for monitoring, examining and reporting side effects, which observed shortly after receiving Pfizer's Covid-19 vaccine, prevents establishing the safety of the new vaccine, mapping the risks associated with it, and providing citizens with the information they need. It precludes taking the appropriate measures to identify people at higher risk of developing symptoms and recommending procedures to reduce their risk, and further raises the worry that the lack of contraindications for populations at higher risk for vaccinations has unnecessarily harmed the health of the country's citizens and caused excess mortality. We cannot abstain from asking ourselves whether carrying out a mass vaccination operation deemed as experimental in an entire country, in the complete absence of professional and acceptable infrastructure for monitoring and reporting side effects, is an extreme systemic negligence of the Israeli ministry of health or worse – an intentional act of a cover-up whose aim is to help Pfizer evade its obligation to report to the FDA any unusual event within a month of dispensing the vaccine, whether or not it is attributed to the vaccine. Either way, the dire implications are that medical ethics have been apparently sacrificed on the altar of the vaccination campaign. This is not only an issue of irreparably destroying the public's trust in medicine. The egregious gap between the reality on the ground and the information published by the Israeli ministry of health and the Israeli media raises the concern of dangerously deceiving not only Israeli citizens but people around the world, who view Israel as the research laboratory of Pfizer's corona vaccine. Such deception, whether caused by negligence or deliberate intent, can cause serious, life-threatening, damage to all of humanity on earth.

EPILOGUE

Dr. Pinky Feinstein: Never has a vaccine injured so many!

When I decided a few months ago to found the People's Committee, I did so out of a strong feeling that humanity, especially in the Western world, is under a powerful attack threatening the foundations of its existence — socially, economically, politically and medically. The impression of attack stemmed from observing the combination of an extreme lockdown policy, followed by an aggressive, deceptive, and lethal vaccination campaign. A campaign that aims at accomplishing the rapid, uncontrolled vaccination of a very large population, devoid of any monitoring, protective, ethical and precautionary mechanisms designed to protect citizens from dangerous and hasty medical interventions.

When I look at the table of side effects we have publicized here, which reflects only a small fragment of the reality in Israel, I find it difficult not to be shocked in view of the number of body systems that experienced a "biological attack" after the Pfizer vaccination, an attack that ended in death in a

significant number of cases. When I look at the table of mortality reports from the vaccines in the United States — again only part of the real situation — showing a jump of thousands of percent in deaths following vaccines just in the first quarter of 2021 alone, I am shocked again. And it is clear to me that this will not be the last shock of mine concerning what is transpiring in Israel and around the world due to the new mRNA technology, which is currently in advanced stages of mass experimentation, under a propaganda blitz to penetrate the public as massively and widely as possible.

There has never been a vaccine, which has caused damage to so many (and it is not clear whether it is really a vaccine or a genetic experiment), and whose both immediate and long-term consequences are uncertain and alarming. There has never been a local or a global campaign that almost completely ignores the grave cost of rushing through a medical intervention on which there is no consensus, while mounting at the same time a vehement and aggressive attempt to silence opposing opinions or doubts regarding its correctness.

This is how mankind is trapped into a consciousness attack, which is sacrificing human rights at an unparalleled level for the purpose of carrying out mass experimentation while using multiple means of intimidation and pressure. The human body is similarly being forced to absorb, contain and deal with a new technology, which in many cases has disrupted defensive, regulatory and adaptive mechanisms, causing damage to vital systems and bringing on premature collapse, suffering and pain. Furthermore, it seems that the medical system is also under a massive assault. Most doctors do not have the information, tools or guidelines of how to treat people who experience side effects due to the vaccine, and they are additionally subject to constant pressure to cover up the vaccine's harm and even encourage patients to be vaccinated without solid evidence about the safeness of the vaccine.

It is generally thought that a psychotic state reflects an emotional system collapse and a severe loss of balance between various mental forces. When in a psychotic state, a person's assessment and perception of reality become flawed and the same is true for his decision-making processes. An onlooker clearly sees that a person in a psychotic attack has left the normal trajectory of life and entered a world of conceptualizations and feelings that distort his perception of reality and judgment. When I am looking, shocked, at the list of side effects showing multi-systemic harm and a dramatic increase in mortality due to the vaccines, similar to the report coming from the United States, wondering how come there hasn't been a sharp public debate to halt these attack processes, I can only conclude that parts of western society are enmeshed in a kind of "social psychosis". A social psychosis, in which moral judgment as well as health paradigm has been shattered to pieces, replaced by a mindset based primarily on fear. It is a fear that leads to silencing, denial, extreme behavior harmful to human beings, and excessive adherence to a one and only way of thinking, regardless of its price and possible consequences. It is worthwhile emphasizing that most psychotic individuals feel under an intense attack, which comes from within themselves, just as we believe is happening now.

Anyone who sees himself as part of the human fabric should be losing sleep over our report of adverse effects related to the corona vaccine. The parents among us should especially be on guard and do

everything legitimately possible to prevent this psychosis from migrating to our children's young bodies. There is no reason whatsoever to risk their health and force them to undergo a kind of "Russian roulette". No one knows today who will or will not be harmed by the vaccine. We are in the dark concerning the harm it may do to children's development and body systems, and whether God forbid it can make them permanently handicapped or even cause their death. And children are not at any risk from Covid-19!

Given the massive list of side effects, which contains only a small fraction of the reality, and nevertheless did not arouse any public figure to shout, protest or call to stop and think, and in view of the declared intention to implement this mass vaccination experiment on children without any medical justification, we can only conclude that this is a type of social psychosis driven by a government whose values of human compassion and loving kindness are non-existent. In such a situation, the citizens have no choice but to rely on their own values, determine their own priorities, and act to the best of their ability to deal with the new situation, while maintaining an uncompromising struggle for their own sanity and the restoration of social sanity to our country and the worldwide.

This is what we in the People’s Committee have undertaken to do. For us, the battle has just begun. We are here to act and influence until the grip of the local and global social psychosis is released and replaced with healing and recovery processes. The people, who have unfortunately been harmed by the vaccine, are the physical evidence of the price of this social psychosis, and we hope they will be healed soon. We send our condolences and embrace to the families, who have lost loved ones in this process, and let them know that they are not alone.

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DETAILS ABOUT THE ISRAELI PEOPLE'S COMMITTEE:

The Israeli People's Committee is an independent and apolitical group of Israeli citizens, who vary in their worldviews and areas of expertise. Among us there are physicians, lawyers, scientists and researchers from a wide range of academic disciplines. The glue that binds us together is our deep concern with respect to the safety of the Israeli people and the fate of our country in view of the chaotic vortex, which was orchestrated by the Israeli leadership during the last year in the shadow of the corona crisis, and which the Israeli public finds itself trapped in. In the vacuum that was created due to the disintegration of all the systems of our country, we arrive at the understanding that the cure for all the (health, moral, social, economic) ills, which were brought by the spin of the irresponsible government's management of the corona crisis, must come from the people. We therefore banded together recently and established The Israeli People's Committee in an attempt to of initiate a process of investigation, exposure, change, correction and recovery, and with the hope to encourage many other Israeli citizens to follow us and join our self-healing journey.

The link to our website: https://www.the-people-committee.com/

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APPENDIX – STATISTICAL ANALYSIS

METHODOLOGY:

Our statistical analysis, whose main insights were described in chapter 2, aims at understanding the cause of the abnormal excess mortality observed in Israel during the corona vaccination campaign. The analysis indicates a statistically significant relationship between the daily overall mortality data and the daily vaccination data. It also provides estimates for the length of the time window between the vaccination event and the subsequent death event, as well as estimates for the ratio of the number of post-vaccination death events to the number of vaccinated people, for the entire Israeli population and in segmentation of the population into different age groups.

The analysis is based on the following linear regression model: $M_{t+\Delta} = \alpha + \beta V_t + \varepsilon_t$, where the independent variable V_t is the number of corona vaccinated on day t, the dependent variable $M_{t+\Delta}$ is the number of deaths on day $t+\Delta$, and ε_t is the error variable. The sample period is January-March 2021, the midst of the corona vaccine campaign in Israel. The sample includes daily observations of the number of corona vaccinated in Israel, as published by the ministry of health, for all days within the first quarter of 2021. It also includes daily observations of the number of deaths in Israel, as published by the Central Bureau of Statistics, for the same period.

The regression model was run multiple times, with each run based on the entire series of observations of the daily number of corona vaccinated in Israel for all days t within the Israeli vaccination campaign period, January-March 2021, and the series of daily observations of the number of deaths in Israel in a time difference Δ from the vaccination date t, where the lag Δ varies between runs. We apply the analysis to the entire Israeli population and also to three age groups: a young group of ages 20-49, an intermediate group of ages 50-69, and an older group of ages 70 and up. In each of the four populations examined, we searched for the optimal lag Δ, which results in the highest correlation between the daily mortality data and the daily vaccination data, and used the slope of the corresponding regression line to estimate the ratio of dead to vaccinated within the specific population.

We implemented three different measures with respect to the independent variable V_t: the number of vaccinated in the first or second dose on day t, the number of vaccinated in the first dose on day t, and the number of vaccinated in the second dose on day t. The results are statistically significant when referring to either the two vaccine doses together or each of them alone, but the highest correlation is obtained in the regressions where the independent variable V_t is calculated as the number of vaccinated in the second dose on day t. We thus derived our main estimates based on the regressions that link the mortality data to the second vaccination dose data. The results of these regressions are given below.

THE RESULTS FOR THE ENTIRE POPULATION:

Lag in days Δ	Vaccination date range t	Mortality date range $t+\Delta$	Sample size	Regression intercept α	Regression slope β	p-value	Pearson correlation
0	10 Jan - 31 March	10 Jan - 31 March	81	142.8	0.000263	1.344E-4	0.412
1	10 Jan - 31 March	11 Jan - 1 April	81	142.7	0.000254	2.264E-4	0.399
2	10 Jan - 31 March	12 Jan - 2 April	81	140.8	0.000282	4.428E-5	0.437
3	10 Jan - 31 March	13 Jan - 3 April	81	136.4	0.000346	4.874E-7	0.525
4	10 Jan - 31 March	14 Jan - 4 April	81	138.8	0.000294	2.629E-5	0.449
5	10 Jan - 31 March	15 Jan - 5 April	81	138.6	0.000292	2.272E-5	0.452
6	10 Jan - 31 March	16 Jan - 6 April	81	136.9	0.000319	2.420E-6	0.497
7	10 Jan - 31 March	17 Jan - 7 April	81	136.5	0.000318	3.197E-6	0.491
8	10 Jan - 31 March	18 Jan - 8 April	81	137.4	0.000285	2.610E-5	0.449
9	10 Jan - 31 March	19 Jan - 9 April	81	136.5	0.000290	2.035E-5	0.454
10	10 Jan - 31 March	20 Jan - 10 April	81	138.5	0.000252	3.012E-4	0.392

In the entire population, the most significant correlation was obtained with lag of $\Delta = 3$ days between vaccination day and subsequent death day. The intercept 136.4 of the regression line obtained with lag of 3 days is within one standard deviation of the average daily mortality in prior year in the entire population. The slope of the regression line obtained in the entire population with lag of 3 days is 0.000346, or 1/3000 after rounding down (showing a more optimistic assessment), implying an estimate 1:3000 of the dead to vaccinated ratio within the entire population. The 95% confidence interval for this ratio is 1:2118-4532. By applying the estimated ratio of 1: 3000 to the corona vaccinated population in Israel (about 5 million second dose vaccinated), our assessment is that the number of deaths following vaccination in Israel currently stands at about 1600-1700 people.

THE RESULTS FOR THE YOUNG AGE GROUP 20-49:

Lag in days Δ	Vaccination date range t	Mortality date range $t+\Delta$	Sample size	Regression intercept α	Regression slope β	p-value	Pearson correlation
0	10 Jan - 31 March	10 Jan - 31 March	81	7.0	0.000011	5.420E-1	0.069
1	10 Jan - 31 March	11 Jan - 1 April	81	6.6	0.000020	2.692E-1	0.124
2	10 Jan - 31 March	12 Jan - 2 April	81	6.4	0.000029	1.146E-1	0.177
3	10 Jan - 31 March	13 Jan - 3 April	81	6.1	0.000036	4.954E-2	0.219
4	10 Jan - 31 March	14 Jan - 4 April	81	6.3	0.000029	1.173E-1	0.175
5	10 Jan - 31 March	15 Jan - 5 April	81	6.2	0.000034	6.560E-2	0.206
6	10 Jan - 31 March	16 Jan - 6 April	81	5.8	0.000044	1.631E-2	0.266
7	10 Jan - 31 March	17 Jan - 7 April	81	5.8	0.000038	4.353E-2	0.225
8	10 Jan - 31 March	18 Jan - 8 April	81	5.3	0.000057	2.173E-3	0.336
9	10 Jan - 31 March	19 Jan - 9 April	81	5.3	0.000055	2.976E-3	0.326
10	10 Jan - 31 March	20 Jan - 10 April	81	5.7	0.000043	1.951E-2	0.259

In the young age group 20-49, the most significant correlation was obtained with lag of $\Delta = 8$ days between vaccination day and subsequent death day. The intercept 5.3 of the regression line obtained with lag of 8 days is within one standard deviation of the average daily mortality in prior year in the age group 20-49. The slope of the regression line obtained in the age group 20-49 with lag of 8 days is 0.000057, or 1/18000 after rounding down, implying an estimate 1:18000 of the dead to vaccinated ratio in ages 20-49. The 95% confidence interval for this ratio is 1:10788-47212.

THE RESULTS FOR THE INTERMEDIATE AGE GROUP 50-69:

Lag in days Δ	Vaccination date range t	Mortality date range $t+\Delta$	Sample size	Regression intercept α	Regression slope β	p-value	Pearson correlation
0	10 Jan - 31 March	10 Jan - 31 March	81	25.9	0.000133	1.882E-3	0.340
1	10 Jan - 31 March	11 Jan - 1 April	81	25.6	0.000146	5.348E-4	0.376
2	10 Jan - 31 March	12 Jan - 2 April	81	25.9	0.000131	2.043E-3	0.338
3	10 Jan - 31 March	13 Jan - 3 April	81	25.3	0.000162	1.590E-4	0.408
4	10 Jan - 31 March	14 Jan - 4 April	81	24.5	0.000201	1.212E-6	0.509
5	10 Jan - 31 March	15 Jan - 5 April	81	24.3	0.000214	1.828E-7	0.541
6	10 Jan - 31 March	16 Jan - 6 April	81	24.9	0.000181	1.673E-5	0.459
7	10 Jan - 31 March	17 Jan - 7 April	81	25.3	0.000160	1.602E-4	0.407
8	10 Jan - 31 March	18 Jan - 8 April	81	24.7	0.000182	1.769E-5	0.457
9	10 Jan - 31 March	19 Jan - 9 April	81	24.7	0.000172	5.390E-5	0.433
10	10 Jan - 31 March	20 Jan - 10 April	81	24.8	0.000167	9.550E-5	0.420

In the intermediate age group 50-69, the most significant correlation was obtained with lag of $\Delta = 5$ days between vaccination day and subsequent death day. The intercept 24.3 of the regression line obtained with lag of 5 days is within one standard deviation of the average daily mortality in prior year in the age group 50-69. The slope of the regression line obtained in the age group 50-69 with lag of 5 days is 0.000214, or 1/5000 after rounding down, implying an estimate 1:5000 of the dead to vaccinated ratio in ages 50-69. The 95% confidence interval for this ratio is 1:3470-7175.

THE RESULTS FOR THE OLDER AGE GROUP 70+:

Lag in days Δ	Vaccination date range t	Mortality date range $t+\Delta$	Sample size	Regression intercept α	Regression slope β	p-value	Pearson correlation
0	10 Jan - 31 March	10 Jan - 31 March	81	115.0	0.000794	6.541E-9	0.591
1	10 Jan - 31 March	11 Jan - 1 April	81	115.0	0.000747	6.671E-8	0.557
2	10 Jan - 31 March	12 Jan - 2 April	81	114.3	0.000791	1.436E-8	0.580
3	10 Jan - 31 March	13 Jan - 3 April	81	112.4	0.000921	6.977E-12	0.671
4	10 Jan - 31 March	14 Jan - 4 April	81	113.3	0.000791	1.356E-8	0.580
5	10 Jan - 31 March	15 Jan - 5 April	81	113.2	0.000752	5.075E-8	0.561
6	10 Jan - 31 March	16 Jan - 6 April	81	112.4	0.000831	5.693E-10	0.622
7	10 Jan - 31 March	17 Jan - 7 April	81	111.8	0.000859	8.539E-11	0.644
8	10 Jan - 31 March	18 Jan - 8 April	81	111.8	0.000788	2.497E-9	0.603
9	10 Jan - 31 March	19 Jan - 9 April	81	111.2	0.000792	2.450E-9	0.604
10	10 Jan - 31 March	20 Jan - 10 April	81	111.1	0.000782	5.352E-9	0.593

In the older age group 70+, the most significant correlation was obtained with lag of $\Delta = 3$ days between vaccination day and subsequent death day. The intercept 112.4 of the regression line obtained with lag of 3 days is within one standard deviation of the average daily mortality in prior year in the age group 70+. The slope of the regression line obtained in the age group 70+ with lag of 3 days is 0.000921, or 1/1100 after rounding down, implying an estimate 1:1100 of the dead to vaccinated ratio in ages 70+. The 95% confidence interval for this ratio is 1:871-1443.